Minnesota Department of Labor and Industry Construction Codes and Licensing Division Licensing and Certification Services

PO Box 64220

St. Paul, MN 55164-0220 Phone: (651) 284-5034 Fax: (651) 284-5743

E-mail: DLI.License@state.mn.us

www.dli.mn.gov

# Instructions for Completing High Pressure Piping Bond

#### THE ORIGINAL BOND FORM MUST BE FILED WITH THE APPLICATION - COPIES WILL NOT BE ACCEPTED.

The Surety Company may use its own form. Regardless of whether the Department's bond form is used or whether the Surety Company uses their own form, the expiration date for a High Pressure Piping Bond **must be December 31, 2013.** The bond shall be effective and run concurrently with the license/certification period from the date the license/certification is granted and shall expire on December 31, 2013.

When the Department supplied bond form is used, it must be completed as follows: (Surety Company provided bond forms are completed in a similar manner with the same language that is on the Departments Bond form)

Bond number: The Bond number must be issued. It cannot be marked "pending."

The Business name including the assumed name (doing business as (dba)) shall be exactly the same as the applicant used on their "High Pressure Pipefitting Contractor Business License Application Form" and all other forms. The business name that an applicant uses to identify their company must be filed or registered with the Office of the Secretary of State. Note: Only individual (sole proprietor) or partnership business types using their own true full name(s) of the individual or all partners as part of the business name are not required to be registered with the Office of the Secretary of State. See below examples:

An individual without an assumed name - John Doe or John Doe High Pressure Piping

An individual using their full true name as in the example above are not required to register with the Secretary of State

An individual with an assumed name - John Doe dba Assumed Name

A partnership with an assumed name - John Doe and James Doe dba Assumed Name

A corporation - Company Name Inc.

A corporation with an assumed name - Company Name Inc. dba Assumed Name

A limited liability company - Company Name, LLC or LLP

The address of the Business.

The name of the Surety (Bonding) Company.

The surety company's address and telephone number.

The state that the Surety Company is organized in.

The date the Bond was signed and surety sealed by the power of attorney.

Signature of Principal. If the Business is an individual owner, the owner must sign bond; if a partnership, all partners must sign bond; if a limited liability partnership, all partners must sign bond; if a corporation, an officer must sign bond; and if another business entity, a person with delegated authority must sign bond. The individual(s) signing the bond for the business must be identified as the **Owners**, <u>all Partners</u> of partnerships, <u>all Officers</u> of corporations (Inc), <u>all Partners</u> of limited liability partnerships (LLP), <u>all Limited Liability Company Members (LLC)</u>, and <u>all Principals</u> of other business types as listed on the Plumbing Contractor Bond Registration Form.

Name of Surety (Bonding) Company.

Signature of Attorney in Fact (Surety Company).

VERY IMPORTANT! The bond form must be notarized as follows: (A) or (B) or (C) below

- A. If the business is an Individual, Partnership, or a Limited Liability Company, the bond form must be notarized in the block on the upper one-third of the form. ALL SIGNATURES NEED TO BE NOTARIZED.
- B. If the business is a Corporation, the bond form must be notarized in the block in the center one-third of the form.
- C. The block in the lower one-third of the form must be notarized by the Surety company.

The original Power of Attorney form must be attached.

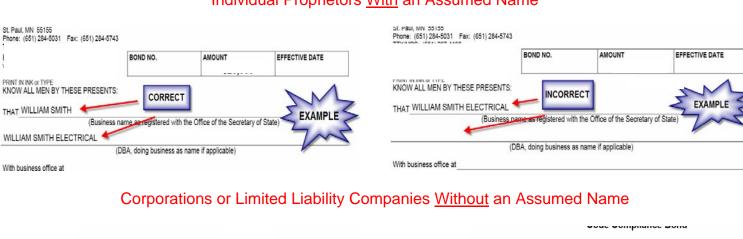
When the Surety Company completes the Bond, it must be returned to the Business to be signed by the principal. The Business shall have the Bond notarized on the back in the appropriate block (Box A or B). Bonds that have the conditions of the Bond modified in any manner will not be accepted, and the application will be returned to the submitter.

NOTE: DO NOT SEND BOND FORM TO THE DEPARTMENT OF LABOR OF INDUSTRY. BOND FORMS MUST BE SIGNED BY THE PRINCIPAL OF THE BUSINESS BEFORE SUBMISSION TO THE DEPARTMENT OF LABOR AND INDUSTRY.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

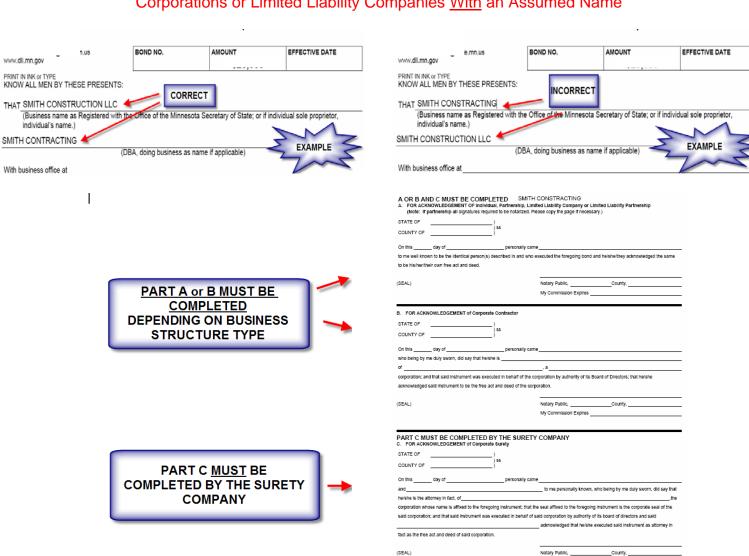
CC0516 HPP Instructions (10/11)

### Individual Proprietors With an Assumed Name





#### Corporations or Limited Liability Companies With an Assumed Name



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CC0E1C UDD	

#### CC0516 HPP

# **Contractor High Pressure Piping Bond**

E-mail: DLI.License@state.mn.us	BOND NO.	AMOUNT	EFFECTIVE DATE
www.dli.mn.gov		\$15,000	
PRINT IN INK or TYPE KNOW ALL MEN BY THESE PRESENTS:			
THAT			
THAT(Business nam	ne as registered with the	Office of the Secretary of	State)
·	-	·	·
(DB.	A, doing business as na	me if applicable)	
With business office at			
(I	Business address, City,	State, Zip Code, Telephone	number)
as PRINCIPAL, and		-	
	(Surety	Company Name)	
(Suraty Company	v Address City State	in Codo Tolonhono numbe	
	•	Zip Code, Telephone numbe	•
A corporation duly organized in the state of Minnesota, as Surety, are jointly and several			
FIFTEEN THOUSAND DOLLAR	•		<u> </u>
reason of failure of such performance as her	ein specified for the pa	yment of which, we bind o	urselves, our heirs, executors,
administrators, successors and assigns firmly Labor and Industry and shall be in lieu of all of			
The CONDITION of the above obligation is su			a High Pressure Pipefitter and
has applied for a license to engage in the busi			
NOW THEREFORE, the condition of this ob Statutes and Rules and indemnifies any pers			
occasioned by the failure of the Principal to c	omply with any of the la	aws, rules and ordinances	of the state of Minnesota, then
no obligation under this bond shall accrue, oth	-		
This bond shall be effective and run concurrer the current year which shall expire on <b>Dece</b>			
pay unto the obligee or as otherwise directed			
liability of the surety hereunder pertains to all the total sum of FIFTEEN THOUSAN		· ·	and shall in no event exceed
		3,000,	
Signed and sealed this day of		(SURETY	SEAL)
		(0011211	OL/ (L)
Print Name of Principal (s)	SIC	NATURE OF PRINCIPAL(S)	
D. (1)		NATURE OF PRINCIPAL (O)	
Print Name of Principal (s)	SIC	NATURE OF PRINCIPAL(S)	
Acknowledge (notarize) signatures on reverse s	side and attach NA	ME OF SURETY	
power of attorney form.  File with: Minnesota Department of Labor and I			
CCLD – Licensing and Certification		NATURE OF ATTORNEY IN	FACT (SURETY COMPANY)

St. Paul, Minnesota 55164-0220 CC0516 HPP Contractor (10/11)

PO Box 64220

## A OR B AND C MUST BE COMPLETED

(Note: If partnership all signatures require	ed to be notarized. Please copy the page if necessary.)
STATE OF	)
COUNTY OF	) ss )
On this day of	personally came
to me well known to be the identical person(s) de	lescribed in and who executed the foregoing bond and he/she/they acknowledged the same
to be his/her/their own free act and deed.	
(SEAL)	Notary Public,County,
	My Commission Expires
B. FOR ACKNOWLEDGEMENT of Corporate	e Contractor
STATE OF	)
· · · · · · · · · · · · · · · · · · ·	) ss
COUNTY OF	)
On this day of	personally came
who being by me duly sworn, did say that he/she	e is
	, a
	uted in behalf of the corporation by authority of its Board of Directors; that he/she
acknowledged said instrument to be the free act	
J	
(SEAL)	Notary Public, County,
,	My Commission Expires
PART C MUST BE COMPLETED B	Y THE SURETY COMPANY
C. FOR ACKNOWLEDGEMENT of Corporate	Surety
STATE OF	)
COUNTY OF	) ss )
On this day of	personally came to me personally known, who being by me duly sworn, did say that
and	to me personally known, who being by me duly sworn, did say that
he/she is the attorney in fact, of	,the
corporation whose name is affixed to the foregoi	ing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the
said corporation; and that said instrument was e	executed in behalf of said corporation by authority of its board of directors and said
	acknowledged that he/she executed said instrument as attorney in
fact as the free act and deed of said corporation.	ı.
(SEAL)	Notary Public,County,
	My Commission Expires

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership